Revision	HCFA-PM-91- AUGUST 1991	4 (BPD)		Page 1	MENT 2.2-A
	STATE PLAN	UNDER TITLE	XIX OF THE	SOCIAL SECURITY	ACT
	State:		INDIANA		
GROU	PS COVERED AND	AGENCIES RES	SPONSIBLE FOR	R ELIGIBILITY D	ETERMINATION
Agency*	Citation(s)		Group	s Covered	
The follo	owing groups an A. <u>P</u> E		erage - Cate	n. g <u>orically Need</u> y	and Other
42 CI	FR 435.110	. Recipients	of AFDC		
		The approv	ed State AFD	C plan includes	:
		mand	lies with an atory 6-month $\frac{6}{100}$	unemployed par h period and an months.	ent for the optional
		/ Preg	nant women w	ith no other el	igible children.
		in a	secondary so	e 18 who are fu chool or in the nal or technica	ll-time students equivalent l training.
		The standar Supplement	rds for AFDC 1 of <u>ATTACHI</u>	payments are 1 MENT 2.6-A.	isted in
42 CF	'R 435.115 2	. Deemed Rec	ipients of Al	FDC	
		a. Individu solely l	uals denied a because the a	a title IV-A ca amount would be	sh payment less than \$10.
Each County Welfare De		the supervis	sion of the B	Samily & Social	
TN No. Supersede TN No.		oval Date 🔟	-16-42	Effective Date	
TN NO	90-15			HCFA ID: 798.	3E

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Revision:	HCFA-PM-91- AUGUST 1991 State:	4 (BPD)	INDIANA	ATTACHMENT 2.2-A Page 2 OMB NO.: 0938-
Agency*	Citation(s)		Groups Co	overed
	Α.	Required Sp	overage - Categori ecial Groups (Cont ecipients of AFDC	
1902(a)(10 of the Act	0)(A)(i)(I) t	b. Effec a wor IV-A indiv house eligi suppl	tive October 1, 19 k supplementation and any child or n idual (or other in hold as such indiv	990, participants in program under title relative of such adividual living in the same riduals) who would be nere were no work in accordance with
402(a)(22) of the Act		reduc	iduals whose AFDC ed to zero by reas erpayment of AFDC	son of recovery
406(h) and 1902(a)(l) (i)(I) of	0)(A)	AFDC becau AFDC colle	for a period of fose the family becomes a result of coloring of support a	med to be receiving our calendar months omes ineligible for llection or increased and meets the n 406(h) of the Act.
1902(a) or the Act	f	who m	iduals deemed to leet the requirement (1) or (2) for which the contract of the	nts of section

title IV-E of the Act.

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services Admin.

TN No. 91-22 Approval Date 1-1-92 Effective Date 1-1-92

Supersedes TN No. 90-15

Effective Date 1-1-92

HCFA ID: 7983E

assistance agreement is in effect or foster care maintenance payments are being made under

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ATTACHMENT 2.2-A

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OMB NO.: 0938-

State:___

INDIANA

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902 (a)(10)(A)(i)and 1905(m)(1) of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

 $\overline{X}\overline{X}$ Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52) and 1925 of the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services

TN No. 91-22 Approval Date 1-1-92 Effective Date 1-1-93

Effective Date 1-1-7

Supersedes 90-15 TN No.



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State:	INDIANA	 10	0330	

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.113

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from --
 - Stepparents who are not legally liable for (1)support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - Legal guardians; and (3)
 - Individual alien sponsors (who are not (4)spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services Admin.

TN No. 91-22 Approval Date 1-16-92 Effective Date 1-1-92

Supersedes TN No. 87-5



Revision:	HCFA-PM-91-2 AUGUST 1991	(BPD)		ATTACHMENT 2.2-A Page 3a OMB NO.: 0938-
	State:		INDIANA	
Agency*	Citation(s)		Group	s Covered
	A. <u>N</u>	Mandatory Co Required Spe	verage - Cate	gorically Needy and Other Continued)
42 CFF	R 435.114 6	the incre	ease in OASDI 1 1972), who we who were rec	be eligible for AFDC except fo benefits under Pub. L. 92-336 re entitled to OASDI in August eiving cash assistance in
		for Aug	cash assista:	who would have been eligible nce but had not applied in s group was included in this 972 plan).
		for med fac	cash assista: lical institut	who would have been eligible nce in August 1972 if not in a ion or intermediate care roup was included in this 972 plan).
		car		ith respect to intermediate State did or does not cover
1902(a)(10 (A)(i)(III		7. Qualified	Pregnant Wom	en and Children.
and 1905(r			nant woman who	ose pregnancy has been who
		, ,	payment (or withe State had	ible for an AFDC cash ho would be eligible if an AFDC-unemployed parents he child had been born and was er;
*Agency thelfare Dep	artment under	the supervi	y for coveragision of the F	e. amily & Social Services Admin. Effective Date1-1-92

*Each County

Supersedes
TN No. 86-8



Revision: HCFA-PM-92-1 MB)

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ATTACHMENT 12:A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY AC	STATE	PLAN UT	VIDER TITL	EXIX O	FTHE	ECCIAL	SECURITY	ACT
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	State:	NDIANA
	COVERAGE A	AND CONDITIONS OF ELIGIBILITY
Citation (s)		Groups Covered
	Α.	Mandatory Coverage - Categorically Needy and Other Redured Special Groups (Continued)
		 a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC- unemployed parents program: or
		(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
1902 (a) (10) (A) (f) (III) and 1905 (n) of the Act		b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
		Children born after
		(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

TN No. 98-009 Supersedes TN No. 97-006

Approvai Date

SEP 0 3 1998

Effective Date 4-1-98

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

ATTACEMENT 2.2-A Page 4a

STATE PLAN UNDER TITLE XII OF THE SOCIAL SECURITY ACT

State:	INDIANA	
	COVERAGE AND CONDITIONS OF ELIGIBILITY	
Citation(s)	Groups Covered	

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act

- 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(1)(TV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.5-A.
 - The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A) (i)(VI) 1902(1)(1)(C) of the Act

1902(a)(10)(A)(i) (VII) and 1902(1) (1)(D) of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

XX children born efter 03/31/79

(specify optional earlier date)
who have attained 6 years of age but have not
attained 19 years of age, with family incomes
at or below 100 percent of the Federal
poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHENT 2.6A.

TN No. 98-009 Supersedes 97-006 Approval Date SEP 0 3 1998

Effective Date ____

Revision:	HCFA-PM-
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FEBRUARY 1992



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY

State:	INDIANA
	COVERAGE AND CONDITIONS OF ELIGIBILITY
Citation(s)	Groups Covered
	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
1902(a)(10) (A)(i)(V) and 1905(m) of the Act	10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act of the State had not exercised the option under section 407(b)(2)(3)(1) of the Act to limit the number of months for which a family may receive AFDC.
1902(e)(5) of the Act	11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992

ATTACHMENT 2.2-A

STATI	E PLAN UNDER	TITLE XIX OF THE SOCIAL SECU	RITY ACT
State:		TITLE XIX OF THE SOCIAL SECU	104/
		CONDITIONS OF ELIGIBILITY	
Citation(s)		Groups Covered	
	A. Man	datory Coverage - Categorica wired Special Groups (Contin	lly Needy and Other
1902(e)(4) of the Act	12.	A child born to a woman who receiving Medicaid as categ date of the child's birth. eligible for one year from mother remains eligible or if still pregnant and the came household as the mother	orically needy on the The child is deemed birth as long as the would remain eligible hild remains in the
42 CFR 435.120	13.	Aged, Blind and Disabled Inc Cash Assistance	dividuals Receiving
		a. Individuals receiv	ing SSI.
		spouses and person benefits pending of blindness or d disposal of excess agreement with the Administration; and	a final determination isability or pending resources under an Social Security d beginning rsons receiving SSI (a) of the Act or eceiving SSI under
		Aged Blind Disabled	

TN No.	92-03						
Supersedes TN No.	91-22	Approval	Date	4-24-92	Effective	Date	1-1-92

Revision:	HCFA-PM-91- 4
	UCLULATED A

AUGUST 1991

State:

(BPD)

OMS TO 1938-

INDIANA

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121

1619(b)(1)
of the Act

13. XX/ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

X Aged
Blind

______ Disabled

X Blind and disabled individuals receiving SSI and except for receipt of SSI would be eligible for AFDC. The more restrictive categorical eligibility criteria are described below:

1. In order to be eligible for MA as a disabled person, the applicant must be determined to meet the disability requirement set forth below. The Division of Family & Children, Family & Social Services Administration, has the sole responsibility for making this determination.

Definition of Disability: An individual is considered disabled if he has a physical impairment, disease, or loss, or combination thereof, which appears reasonably certain to continue throughout his lifetime without significant improvement and which substantially impairs his ability to perform labor and/or services or to engage in a useful occupation within his competence. In determining whether an individual is disabled, consideration is given to the existance of an impairment or a combination which, together with such factors as age, training, skills, and work experience result in disability.

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

*Each County Welfare Department under the supervision of the Family & Social Services Admin.

TN No. 91-22 Approval Date 1-16-92 Effective Date 1-1-92

Supersedes TN No. 87-4